



DELHI TRANSPORT CORPORATION
DELHI-KATHMANDU-DELHI BUS SERVICE

RESERVATION / CANCELLATION FORM

To

The Terminal Manager
 Dr. Ambedkar Stadium Bus Terminal
 Delhi Gate, Delhi

If you are a Medical Practitioner
 Please tick (✓) in Box below
 You could be of help in an emergency.

Doctor

Date of Journey From.....To.....No. of Seats.....

S. No.	Name (in Block Letters)	Sex M/F	Age	Photo identity proof/ Passport			Visa		
				Country	No.	Valid upto	Date	No.	Valid upto
1									
2									
3									
4									
5									
6									

Name of the Applicant

Full Address

Telephone No.

Signature of the Applicant

Date Time

FOR OFFICE USE ONLY

S. No. of the Requisition

Seat No Amount collected Rs.

(Signature of Authorised Official)

Note:

- Valid travel documents (Photo identity Proof/Passports, Visas etc.) are required to be produced for reservation.
- Forms not properly filled in or illegible shall not be entertained.
- Please check your ticket & balance amount before leaving the window.